

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

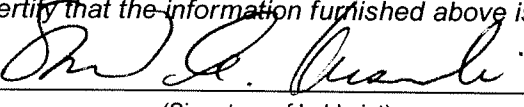
LOBBYIST REGISTRATION FORM

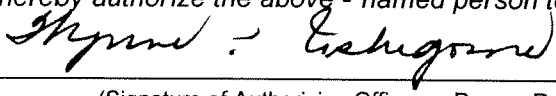
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Kusunoki,	Susan	A.	536-5688
MAILING ADDRESS (Street)			FAX
84 N. King Street			536-5720
(City)	(State)	(Zip Code)	
Honolulu,	HI	96817	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Pacific Management Consultants, Inc.			536-5688
MAILING ADDRESS (Street)			FAX
84 N. King Street			536-5720
(City)	(State)	(Zip Code)	
Honolulu,	HI	96817	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Department of Water, County of Kauai			808-245-5400
MAILING ADDRESS (Street)			FAX
4398 Pua Loke Street, P.O. Box 1706			808-246-8628
(City)	(State)	(Zip Code)	
Lihue	HI	96766	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Wynne M. Ushigome			808-245-5408
MAILING ADDRESS (Street)			FAX
4398 Pua Loke Street, P.O. Box 1706			808-246-8628
(City)	(State)	(Zip Code)	
Lihue	HI	96766	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
	
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME Wynne M. Ushigome		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Acting Manager & Chief Engineer
NAME OF ORGANIZATION (if applicable) Department of Water, County of Kauai		TELEPHONE 808-245-5408
MAILING ADDRESS (Street) 4398 Pua Loke Street, P.O. Box 1706		FAX 808-246-8628
(City) Lihue	(State) HI	(Zip Code) 96766
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		
		3/12/07
(Signature of Authorizing Officer or Person Represented)		(Date)